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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/596,402	<b>FILING DATE</b> 06/16/2000 <b>RULE</b> -	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> P-9399.00	
<b>APPLICANTS</b> Oscar Jimenez, Coral Gables, FL ; Guillermo Echarri, Miami, FL ; John E. Kast, Hugo, MN ; James Riekels, Plymouth, MN ; Mark E. Schommer, Maple Grove, MN ;					
<b>** CONTINUING DATA *****</b> <i>2.1.</i> <i>None</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>2.1.</i> <i>no</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 08/09/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and <i>R. Schommer</i> <i>ls.</i> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 45	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> Medtronic Inc 7000 Central Avenue NE Minneapolis ,MN 55432					
<b>TITLE</b> Implantable medical device with a recharging coil magnetic shield					
<b>FILING FEE RECEIVED</b> 1426	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		